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| Office the second section and of 1935 the des | Application Number | 10/550,866 | | | | | |
| TRANSMITTAL | Filing Date | September | 23, 2005 | | | | |
| FORM | First Named Inventor | Drivas, D. | | | | | |
| | Art Unit | | | | | | |
| (to be used for all correspondence after initial filing) | Examiner Name | | | | | | |
| | Attorney Docket Number | MP-02 | | | | | |
| Total Number of Pages in This Submission | | | | | | | |
| . ENCLOSURES (Check all that apply) | | | | | | | |
| Fee Transmittal Form | Drawing(s) | | After | Allowance Communication to TC | | | |
| Fee Attached | Licensing-related Papers | | | I Communication to Board eals and Interferences | | | |
| Amendment/Reply | Petition | | | Il Communication to TC Il Notice, Brief, Reply Brief) | | | |
| After Final | Petition to Convert to a Provisional Application | | Proprietary Information | | | | |
| Affidavits/declaration(s) | Power of Attorney, Revocation Change of Correspondence | | Status | Letter | | | |
| | Terminal Disclaimer | ,, | Other below | Enclosure(s) (please Identify | | | |
| Extension of Time Request | | Forr | |). : | | | |
| Express Abandonment Request | Request for Refund | | Fourteen (14 Return-rece | l) References | | | |
| Information Disclosure Statement | CD, Number of CD(s) | | | F. F | | | |
| | Landscape Table on C | D | | | | | |
| Certified Copy of Priority Document(s) | narks | | | · | | | |
| Reply to Missing Parts/ | | | | • | | | |
| Incomplete Application Reply to Missing Parts | | | | | | | |
| under 37 CFR 1.52 or 1.53 | | | | | | | |
| | | | | | | | |
| SIGNATURE | OF APPLICANT, ATTO | PRNEY, O | R AGENT | | | | |
| Firm Name Hoxie & Tso LLP | | | | | | | |
| Signature | | | | | | | |
| Printed name Thomas Hoxie | · | | _ | | | | |
| Date December 19, 2005 | | Reg. No. | 32,993 | | | | |
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| CERTIF | FICATE OF TRANSMISS | SION/MAI | LING | · · · · · · · · · · · · · · · · · · · | | | |
| I hereby certify that this correspondence is being fa sufficient postage as first class mail in an envelope the date shown below: | csimile transmitted to the USP addressed to: Commissioner for | TO or depos or Patents, F | ited with the Ur P.O. Box 1450, | aited States Postal Service with Alexandria, VA 22313-1450 on | | | |
| Signature | 2// | | | | | | |
| Typed or printed name Thomas Hoxie | | | Date | 12/19/05 | | | |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| Applicant: | Drivas, D. |) | Examiner: |
|-------------|---|-------------|------------------------|
| Serial No.: | 10/550,866 |) | Group Art Unit: |
| Filed: | September 23, 2005 |) | Attorney Docket: MP-02 |
| Title: | Methods and Compositions for Treating and Preventing Eotaxin Mediated Inflammatory Conditions |))) | |

INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

In accordance with 37 C.F.R. §1.97 *et. seq.*, Applicant provides the enclosed materials for the Examiner's consideration in connection with the above-identified patent application. Applicant respectfully requests that this Information Disclosure Statement and the documents listed on the attached Form 1449 and enclosed herewith be considered by the Examiner and made of record. Pursuant to the provisions of MPEP 609, Applicant requests that a copy of the 1449 form, initialed as being considered by the Examiner, be returned to the Applicant with the next official communication.

It is believed that no fee is necessary. If a fee is required, please charge the same to Deposit Account No. 50-3464.

Serial No.: 10/550,866 Page 2

The Examiner is invited to contact the Applicant's representative at the below-listed telephone number if there are any questions.

Respectfully submitted,

Date: December 19, 2005

Thomas Hoxie Reg. No. 32,993

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CERTIFICATE UNDER 37 CFR 1.8: The undersigned hereby certifies that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail, in a box addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 19th day of December, 2005.

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Known Complete if Known Substitute for form 1449A/PTO INFORMATION DISCLOSURE 10/550,866 **Application Number** STATEMENT STEAPPLICANT (Use as many steel see necessary) September 23, 2005 **Filing Date** Dimitrios T. Drivas First Named Inventor **Group Art Unit** DEC 9 2 2005 **Examiner Name** Sheet 1 of the PHADE Attorney Docket No: MP-02

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EXAMINER

DATE CONSIDERED

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Complete if Known Substitute for form 1449A/PTO INFORMATION DISCLOSURE 10/550,866 **Application Number** STATEMENT BY APPLICANT (Use as many sheets as necessary) September 23, 2005 **Filing Date** Dimitrios T. Drivas First Named Inventor **Group Art Unit Examiner Name** Attorney Docket No: MP-02 Sheet 2 of 2

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| Examiner Initials* | Cite No ¹ | Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published. | T² |
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